

EXHIBIT B-1

[hw:] Salary adjustment

Prime Clerk
A KROLL BUSINESS

Creditor Data Details - Claim # 27235

Creditor

Verez Crespo, Eduardo

Debtor Name

Commonwealth of Puerto Rico

Date Filed

05/25/2018

Claim Number

27235

Schedule Number

n/a

RECEIVED

JUL 09 2021

PRIME CLERK LLC

Claim Amounts

Claim Nature

General Unsecured

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature

Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*
F*
Current Claim Value
Claim Status
Claim Nature Secured
Schedule Amount
C*
U*
D*
Asserted Claim Amount \$180,000.00
C*
U* U
F*
Current Claim Value \$180,000.00
Claim Status Asserted
Claim Nature 503(b)(9) Admin Priority
Schedule Amount
C*
U*
D*
Asserted Claim Amount \$180,000.00
C*
U* U
F*
Current Claim Value \$180,000.00
Claim Status Asserted
Claim Nature Admin Priority
Schedule Amount
C*
U*
D*
Asserted Claim Amount
C*
U*
F*

Current Claim Value

Claim Status

Claim Nature	Total
Schedule Amount	\$0.00
C*	
U*	
D*	
Asserted Claim Amount	\$360,000.00
C*	
U*	
F*	
Current Claim Value	\$360,000.00

Claim Status

*C=Contingent, U=Unliquidated, D=Disputed, F=Foreign

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June 24, 2021

O'NEILL & BORGES LLC

250 Avenida Muñoz Rivera, Local 800
San Juan, Puerto Rico 00918-1813

ATTORNEYS FOR THE OVERSIGHT BOARD

Hermann D. Bauer (USDC no. 215205)
Carla García-Benítez (USDC no. 203708)
Gabriel A. Miranda (USDC no. 306704)

**RE: CLAIM NUMBER (27189) GOVERNMENT EMPLOYEES' RETIREMENT SYSTEM
CLAIM NUMBER (27235) SALARY ADJUSTMENT**

The reason for my claim against the employees' retirement system is that the Government of Puerto Rico used my contributions to the retirement system without obtaining authorization or submitting a formal request, including for payments to its creditors.

Furthermore, these actions, which it undertook without notice and without requesting authorization or consent from us, were a gross violation of (and detrimental to) public employees, rendering the system inoperative. With this clear violation of our rights, the government jeopardized our future security. Evidence of our contributions can be found in the statement issued by the retirement systems administration sent in the claim and thereafter. This additional basis for our claim and the period it covers are also described in documents we have included under the terms for the use of retirement contributions by the government of Puerto Rico.

As a consequence of these actions and poor practices, **Act no. 3-2013** was passed. This law reformed the systems, freezing pensions at the June 30, 2013 levels and eliminating benefits acquired under Act 447 on retirement systems and Act no. 1-1990, creating displacement and inequity among public employees.

On the other hand, the government of Puerto Rico, in gross violation of law and regulations relating to the compensation of public employees (**Act no. 5-1975, Act no. 89-1979, Act no. 184-2014, and Act no. 8-2017**) and equal pay for equal work, did not put pay scales in place to temper them to the minimum salaries paid from 1986 onwards, keeping them inoperative. We have not received any request from the wage adjustment department in relation to this claim.

I very respectfully request to the Court that this money be returned.

[signature]

Eduardo Vélez Crespo
Urb. Caparra Heights
1471 Calle Eden
San Juan, Puerto Rico 00920
Cellphone: 787-528-2853
E-mail: eduardovelez6478@gmail.com

THE COMMONWEALTH OF PUERTO RICO

Government and Judiciary Employees'
Retirement System Administration

June 23, 2021

ESTIMATED STATEMENT OF ACCOUNT

Agency: 406 – DEPARTMENT OF THE FAMILY

EDUARDO VELEZ CRESPO
URB. CAPARRA HEIGHTS
1471 CALLE EDEN
SAN JUAN, PR 00920

Social Security Number: XXX-XX-6478

Based on the information contained in our records, as of June 23, 2021 you had:

Date of Birth: [REDACTED] 1964
Date of Entry into Public Service: July 31, 1992
Start date of contributions: July 31, 1992

Sex: Male

Act No. 1 as of 30 June 2013	Act No. 3 as of 30 June 2017
Years accredited: 18.5	Time worked: 4
	Contributions: \$11,077.87
	Interest: \$884.14
	Bookkeeping costs: \$0.00
Non-contributory service	
Paid: \$0.00	Total contributions: \$11,962.01
Time: \$0.00	Benefit: \$62.47
Accumulated balance: \$31,649.95	
Benefit: \$540.57	

The balances listed here for individual contributions and years of service are subject to review.

If the information provided does not match that contained in your records, you must inform the Retirement Affairs Coordinator of your agency, municipal council, or corresponding entity.

We remind you that before submitting a pension claim, you must request an official statement through your Coordinator.

Cordially,

Account Statements Unit
Participants Department



Centro Gubernamental Minillas. Torre Norte. Piso 7. San Juan. PR 00940 • PO Box 42003 San Juan, P.R. 00940-2203

Proof of claim: 27189

Claimant: **VELEZ CRESPO, EDUARDO**

INFORMATION REQUEST FORM

Please confirm whether or not you dispute the amount of your pension by completing the "Claimant Response" box below and following the instructions set out in the same. Send this form completed, with any supporting documentation that confirms the amount of your pension or claim to be sent separately via e-mail to PRACprocess@primeclerk.com or by post (delivery in person) or urgent delivery to; Commonwealth of Puerto Rico ACR Processing Center, c/o Prime Clerk LLC, 850 3rd Avenue, Suite 412, Brooklyn, NY 11232.

CLAIMANT RESPONSE REGARDING PROOF OF CLAIM NO. 27189

☐ I/We DO NOT dispute the amount of my/our pension claimed under Proof of Claim no. **27189**; NOR do we have a separate claim against the RSA unrelated to my/our right to receive a pension. I/We understand that there is no subsequent action to be taken by the RSA, and that the RSA will consider my/our claim to have been resolved.

OR

☒ I/We DO dispute the amount of my/our pension claimed in Proof of Claim no. 27189; YES, we DO have a separate claim against the RSA because (provide all necessary details. Attach additional pages if necessary and include all supporting documentation).

Name of claimant: Eduardo Vélez Crespo

Signature of claimant: [Signature]

Date: June 23, 2021



Prime Clerk
A KROLL BUSINESS

Creditor Data Details - Claim # 27189

Creditor

VELEZ CRESPO, EDUARDO

Debtor Name

Employees Retirement System of the Government of the Commonwealth of Puerto Rico

Date Filed

05/25/2018

Claim Number

27189

Schedule Number

1116819

Claim Amounts

Claim Nature General Unsecured

Schedule Amount Undetermined

C* C

U* U

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value

Claim Status

Claim Nature

Secured

Schedule Amount

C*

U*

D*

Asserted Claim Amount

\$46,675.02

C*

U*

U

F*

Current Claim Value

\$46,675.02

Claim Status

Subject to ACR

Claim Nature

503(b)(9) Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

\$46,675.02

C*

U*

U

F*

Current Claim Value

\$46,675.02

Claim Status

Subject to ACR

Claim Nature

Admin Priority

Schedule Amount

C*

U*

D*

Asserted Claim Amount

C*

U*

F*

Current Claim Value	
Claim Status	
Claim Nature	Total
Schedule Amount	\$0.00
C*	
U*	
D*	
Asserted Claim Amount	\$93,350.04
C*	
U*	
F*	
Current Claim Value	\$93,350.04
Claim Status	
*C=Contingent, U=Unliquidated, D=Disputed, F=Foreign	

Objection History

Date Filed	12/12/2019
Objection Motion	<u>Debtor's Omnibus Objection to Claims - One Hundr...</u>
Date Filed	04/05/2021
Objection Order	<u>ORDER GRANTING THE 9558 ONE HUNDRED AND EIGHTH OM...</u>
Basis	Deficient
Status	Pending

Prime Clerk maintains this website for the public's convenience and for general informational purposes only. Anyone using this website is cautioned NOT to rely on any information contained on this Website, and any user of this website should not take or refrain from taking any action based upon anything included or not included on this website. We are not a law firm or a substitute for an attorney or law firm. Users of this website may want to seek legal counsel on the particular facts and circumstances at issue. All search results provided through this website are qualified in their entirety by the official register of claims and the Schedules of Assets and Liabilities ("Schedules") and Statements of Financial Affairs ("Statements") filed in the bankruptcy case/s of the Debtor/s. Nothing contained on this Site or in the Debtors' Schedules and Statements shall constitute an admission or a waiver of any of the Debtors' rights to assert claims or defenses. Any failure by a Debtor to designate a claim listed on the Schedules as "disputed", "contingent", or "unliquidated" does not constitute an

admission that such amounts are not "disputed", "contingent", or "unliquidated." For the avoidance of doubt, listing a claim on Schedule D as "secured," on Schedule E as "priority," on Schedule F as "non-priority," or listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors' right to recharacterize or reclassify such claim or contract. Each Debtor reserves the right to amend their Schedules and Statements as necessary or appropriate. Debtors further reserve the right to dispute, on any grounds, or to assert offsets or defenses to, any claim reflected on their Schedules or filed against a Debtor, including objecting to the amount, liability, classification or priority of such claim, or to otherwise subsequently designate any claim as "disputed," "contingent" or "unliquidated."

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input checked="" type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

MMMLID: 580487
EPOCID: 1703283011168
2018 MAY 25 P 2: 26
RECEIVED

Debtor Commonwealth of Puerto Rico has listed your claim in their Creditor List on Schedule E – Employee Obligations as a Contingent, Unliquidated general unsecured claim in an Undetermined amount. You must timely file a proof of claim or be forever barred from participating or sharing in any distribution or being treated as a claim for purposes of voting or distribution.

El deudor Commonwealth of Puerto Rico ha listado su reclamación en la lista de acreedores en el Schedule E – Obligaciones de Empleados como un reclamo Contingente, sin liquidez no asegurado por un monto indeterminado. Debe presentar una prueba de reclamación oportunamente o se le prohibirá por siempre participar o compartir en cualquier distribución o ser tratado como un reclamo para fines de votación o distribución.

Modified Official Form 410 / Formulario Oficial 410 Modificado

CDS 5, 25, 18

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

PRIME CLERK LLC

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

MAY 30 2018

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

RECEIVED

1. Who is the current creditor?	VELEZ CRESPO, EDUARDO
¿Quién es el acreedor actual?	Name of the current creditor (the person or entity to be paid for this claim) Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)
	Other names the creditor used with the debtor Otros nombres que el acreedor usó con el deudor

☐ Date Stamped Copy Returned

☐ No Self-Addressed Stamped Envelope

Claim Number: 27189

No Copy Provided



Proof of Claim

170328301116819

page 1

<p>2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Si. ¿De quién? _____</p> <p>¿Esta reclamación se ha adquirido de otra persona?</p>		
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <p>¿A dónde deberían enviarse las notificaciones al acreedor?</p> <p>Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?</p> <p>VELEZ CRESPO, EDUARDO URB. CAPARRA HEIGHTS 1471 CALLE EDEN SAN JUAN, PR 00920</p> <p>Contact phone / Teléfono de contacto _____</p> <p>Contact email / Correo electrónico de contacto _____</p>	<p>Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p> <p>895</p> <p>Name / Nombre _____</p> <p>Number / Número _____ Street / Calle _____</p> <p>City / Ciudad _____ State / Estado _____ ZIP Code / Código postal _____</p> <p>Contact phone / Teléfono de contacto _____</p> <p>Contact email / Correo electrónico de contacto _____</p>
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?</p> <p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el <u>01-01-2017/01-06-17</u> (MM/DD/YYYY) / (DD/MM/AAAA)</p>		
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p> <p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Si. ¿Quién hizo la reclamación anterior? _____</p>		

Retirement system

Part 2 / Parte 2:

Give Information About the Claim as of the Petition Date

Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primereclerk.com/puertorico/.) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primereclerk.com/puertorico/.)</p> <p><u>Department of the Family</u></p>
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación:</p> <p>Vendor / Contract Number Número de proveedor / contrato: _____</p> <p>List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ <u>46,675.02</u></p>

<p>8. How much is the claim? ¿Cuál es el importe de la reclamación?</p>	<p><u>\$46,675.02</u></p> <p>Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?</p> <p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Si. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p> <p style="text-align: center;"><u>Contribution to the retirement system</u></p>
<p>10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos</p> <p><input checked="" type="checkbox"/> Other. Describe: <u>Deduction of monthly contribution to the retirement system</u> Otro. Describir:</p> <p>Basis for perfection / Fundamento de la realización de pasos adicionales <u>retirement system</u></p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p> <p>Value of property / Valor del bien: <u>\$46,675.02</u></p> <p>Amount of the claim that is secured / Importe de la reclamación que está garantizado: <u>\$46,675.02</u></p> <p>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: <u>\$46,675.02</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p> <p>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____</p> <p>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ %</p> <p><input type="checkbox"/> Fixed / Fija</p> <p><input type="checkbox"/> Variable / Variable</p>
<p>11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____</p>

Modified Official Form 410

Proof of Claim

page 3

12. Is this claim subject to a right of setoff? ☐ No / No
☒ Yes. Identify the property: Deduction of monthly contribution
¿La reclamación está sujeta a un derecho de compensación? Si. Identifique el bien: to the retirement system

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? ☐ No / No
☒ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$46,675.02
¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.? Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3: Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).
If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.
La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).
Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:
☒ I am the creditor. / Soy el acreedor.
☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.
Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.
He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 05-05-2018 (MM/DD/YYYY) / (DD/MM/AAAA)
Signature / Firma [Signature]

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:
Name Rolando velez
First name / Primer nombre Middle name / Segundo nombre Last name / Apellido
Title / Cargo Director de la TTI
Company / Compañía Department for Family Affairs
Identify the corporate servicer as the company if the authorized agent is a servicer. / Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.
Address / Dirección Urb. GARRA HEIGHT 1471 Calle Eden
Number / Número Street / Calle
City / Ciudad SAN JUAN, P.R. State / Estado PR ZIP Code / Código postal 00920
Contact phone / Teléfono de contacto (787) 529-2953 Email / Correo electrónico velez@prmi.org

FedEx International Air Waybill
Express

1 From
Date: 5/25/18 Sender's FedEx Account Number
Sender's Name: Yenise Rios Phone: 939-284-9183
Company: Prime Clerk LLC San Juan Bankruptcy Court
Address: 300 Calle Recinto Sur
City: San Juan State: PR ZIP: 00901
Country: PR Postal Code: 00901
Email Address: 1845-02 (28)
Internal Billing Reference: 1845-02 (28)

2 To
Recipient's Name: PRIME CLERK Phone: 787-249-1064
Company: PRIME CLERK
Address: 850 3RD AVE STE 432
City: BROOKLYN State: NY ZIP: 11234
Country: US Postal Code: 11234
Email Address:
Recipient's Tax ID Number for Customs Purposes:

3 Shipment Information
Total Packages: 10 Total Weight: 10 LBS 0 OZ 0 DIM:
Commodity/Description: Legal Documents
Harmonized Code: Country of Manufacture: Master Carton:
Special Handling:
Insurance:
Declared Value:
Reference Number:
Yes - Enter ASB product ID number:

4 Express Package Service
NOTE: Service order has changed. Please select carefully.
☐ FedEx Int. First ☐ FedEx Int. Priority ☒ FedEx Int. Economy
5 Packaging
☐ FedEx Envelope ☐ FedEx Pak ☐ FedEx Box ☐ FedEx Tube
☐ FedEx Mail Bag ☐ FedEx 25kg Box ☐ Other:

6 Special Handling and Delivery Signature Options
NOTE: See the FedEx Service Guide.
☐ HOLD at FedEx Location ☐ SATURDAY Delivery
☐ Direct Signature (Signature required unless otherwise specified) ☐ Indirect Signature (Signature required unless otherwise specified)

7 Payment
Complete payment options for FedEx international charges and duties and taxes.
Bill transportation charges to:
☐ Sender (Sender's account will be billed) ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check/Check
FedEx Account No.: 8120 6424 4700 0402
Card No.:
Card Exp. Date:
Bill duties and taxes to:
☐ Sender (Sender's account will be billed) ☒ Recipient ☐ Third Party ☐ Cash/Check/Check

8 Required Signature
Use of the Air Waybill constitutes your agreement to the Conditional Contract on the back of this Air Waybill, and you represent that the shipper does not require a U.S. State Department License or permit for this shipment. Certain international shipments, including the shipment of hazardous materials, may require a license and may be subject to additional regulations. See the FedEx International Air Waybill for more information.
Shipper's Signature: Yenise Rios
Recipient's Signature:
Original (Sender's) Country Code/Origin/Station ID: US01 USA Routing: SWBYA
Handling:
Total Volume (oz):
Accepted At: ☐ Day ☐ Night ☐ Special Day ☐ Day ☐ Night ☐ Special Day ☐ Day ☐ Night ☐ Special Day
Time: 12:00 Date: 5/25/18
By: Title: Date:
Print Name: Title: Date:

Case:17-03283-LTS Doc#:17109-2 Filed:06/18/21 Entered:06/18/21 19:14:51 Desc:
Exhibit A Page 57 of 58

Three Hundred and Forty-Seventh Omnibus Objection

Annex A: Claims to be reclassified

		Alleged				Corrected		
	NAME	CLAIM NO.	DEBTOR	PRIORITY LEVEL	AMOUNT	DEBTOR	PRIORITY LEVEL	AMOUNT
176	VÉLEZ CRESPO, EDUARDO URB. CAPANA HEIGHTS 1471 CALLE EDEN SAN JUAN, PUERTO RICO 00920	27235^	The Commonwealth of Puerto Rico	503(b)(9)	\$180,000.00*	The Commonwealth of Puerto Rico	Not secured	\$180,000.00*
			The Commonwealth of Puerto Rico	Secured	\$180,000.00*			
				Subtotal	\$360,000.00*			

Note: This claimant claimed administrative priority under Title 11 of the United States Code, section 503(b)(9), but the proof of claim does not correspond to assets sold; thus, the claimant does not have the right to such priority. The claimant also failed to provide evidence for a secured claim. Furthermore, they claimed a total sum of \$180,000.00. for this reason, the claim as a whole was reclassified as a general unsecured claim for \$180,000.00.

^ Claim no. 27235 also included in Exhibit A to omnibus objection no. 351 for partially duplicated claims.

		Alleged				Corrected		
	NAME	CLAIM NO.	DEBTOR	PRIORITY LEVEL	AMOUNT	DEBTOR	PRIORITY LEVEL	AMOUNT
177	VÉLEZ TORO, VICTOR HC 1 BOX 7766 SAN GERMAN, PR 00683	27222^	The Commonwealth of Puerto Rico	503(b)(9)	\$187,200.00	The Commonwealth of Puerto Rico	Not secured	\$187,200.00*
			The Commonwealth of Puerto Rico	Secured	\$187,200.00			
			The Commonwealth of Puerto Rico	Not secured	\$187,200.00			
				Subtotal	\$561,600.00			

Note: This claimant claimed administrative priority under Title 11 of the United States Code, section 503(b)(9), but the proof of claim does not correspond to assets sold; thus, the claimant does not have the right to such priority. The claimant also failed to provide evidence for a secured claim. Furthermore, they claimed a total sum of \$187,200.00. for this reason, the claim as a whole was reclassified as a general unsecured claim for \$187,200.00.

^ Claim no. 27222 also included in Exhibit A to Omnibus Objection no. 351 for partially duplicated claims.

		Alleged				Corrected		
	NAME	CLAIM NO.	DEBTOR	PRIORITY LEVEL	AMOUNT	DEBTOR	PRIORITY LEVEL	AMOUNT
178	VICENTE MARQUEZ, JESUS C/3 D-10 CASTELLANA GARDENS CAROLINA, PR 00983	15027^	The Commonwealth of Puerto Rico	503(b)(9)	\$93,600.00*	The Commonwealth of Puerto Rico	Not secured	\$93,600.00*
			The Commonwealth of Puerto Rico	Secured	\$93,600.00*			
				Subtotal	\$187,200.00*			

Note: This claimant claimed administrative priority under Title 11 of the United States Code, section 503(b)(9), but the proof of claim does not correspond to assets sold; thus, the claimant does not have the right to such priority. The claimant also failed to provide evidence for a secured claim. Furthermore, they claimed a total sum of \$93,600.00. for this reason, the claim as a whole was reclassified as a general unsecured claim for \$93,600.00.

^ Claim no. 15027 also included in Exhibit A to Omnibus Objection no. 351 for partially duplicated claims.

* indicates that the claim contains amounts pending payment or undetermined amounts

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

RECEIVED
MAY 25 P 2:26

CDS 5/25/18

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

PRIME CLERK LLC

MAY 30 2018

Part 1 / Parte 1 Identify the Claim / Identificar la reclamación

RECEIVED

1. Who is the current creditor?
¿Quién es el acreedor actual?

Eduardo Velez Crespo

Name of the current creditor (the person or entity to be paid for this claim)
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

- ☐ Date Stamped Copy Returned
☐ No Self-Addressed Stamped Envelope
☒ No Copy Provided



Claim Number: 27235

Proof of Claim

page 1

<p>2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Si. ¿De quién? _____</p> <p>¿Esta reclamación se ha adquirido de otra persona?</p>		
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?</p>	<p>Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p>
<p>Name / Nombre <u>Eduardo Velez Crespo</u></p> <p>Number / Número <u>1471 Calle Eden Urb. Caparra Heights</u></p> <p>City / Ciudad <u>San Juan PR</u></p> <p>State / Estado <u>00900</u></p> <p>ZIP Code / Código postal <u>787-528-2853</u></p> <p>Contact phone / Teléfono de contacto _____</p> <p>Contact email / Correo electrónico de contacto _____</p>	<p>Name / Nombre _____</p> <p>Number / Número _____</p> <p>City / Ciudad _____</p> <p>State / Estado _____</p> <p>ZIP Code / Código postal _____</p> <p>Contact phone / Teléfono de contacto _____</p> <p>Contact email / Correo electrónico de contacto _____</p>	
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente? <u>Case</u></p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el <u>05-09-92</u> / <u>01-06-17</u> (MM/DD/YYYY) / (DD/MM/AAAA) <u>2016-05-1340</u> <u>Madeline Acevedo Camacho</u> <u>Grupo III</u> <u>has not been paid</u></p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? Si. ¿Quién hizo la reclamación anterior? <u>Ivonne Gonzalez Morales, Esq.</u> <u>Madeline Acevedo Colon, Esq.</u></p>	

Part 2 / Parte 2:	
Give Information About the Claim as of the Petition Date Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.	
<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.primedclerk.com/puertorico/) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.primedclerk.com/puertorico/).</p> <p style="text-align: center;"><u>Department of the Family</u></p>
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Si. Proporcionar la información adicional establecida a continuación:</p> <p>Vendor / Contract Number Número de proveedor / contrato: _____</p> <p>List any amounts due after the Petition Date (listed above) but before June 30, 2017: Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ <u>180,000.00</u></p>

Modified Official Form 410

Proof of Claim

page 2

<p>8. How much is the claim? ¿Cuál es el importe de la reclamación?</p>	<p>\$ <u>180,000.00</u> Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?</p> <p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p> <p style="text-align: center;"><u>Federal minimum salary</u></p>
<p>10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos</p> <p><input type="checkbox"/> Other. Describe: <u>This debt was recognized and set a precedent</u> Otro. Describir:</p> <p>Basis for perfection / Fundamento de la realización de pasos adicionales: <u>Group I was paid in full. Group II was paid 25%.</u></p> <p><small>* Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.)</small></p> <p>Value of property / Valor del bien: \$ <u>180,000.00</u></p> <p>Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ <u>180,000.00</u></p> <p>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ <u>180,000.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p> <p>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____</p> <p>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ %</p> <p><input type="checkbox"/> Fixed / Fija</p> <p><input type="checkbox"/> Variable / Variable</p>
<p>11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____</p>

Modified Official Form 410

Proof of Claim

page 3

<p>12. Is this claim subject to a right of setoff?</p> <p>¿La reclamación está sujeta a un derecho de compensación?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Identify the property. / Sí. Identifique el bien: <u>Compensation material</u></p>
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</p> <p>¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?</p>	<p><input type="checkbox"/> No / No</p> <p><input checked="" type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.</p> <p><u>\$ 180,000.00</u></p> <p>Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.</p>

Part 3 / Parte 3:	
Sign Below / Firmar a continuación	
<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).</p> <p>Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.</p>	<p>Check the appropriate box / Marque la casilla correspondiente:</p> <p><input checked="" type="checkbox"/> I am the creditor. / Soy el acreedor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.</p> <p>I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.</p> <p>I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.</p> <p>Executed on date / Ejecutado el <u>25-5-2018</u> (MM/DD/YYYY) / (DD/MM/AAAA)</p> <p>Signature / Firma: <u>[Signature]</u></p> <p>Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:</p> <p>Name <u>Eduardo</u> <u>Infante</u> First name / Primer nombre Middle name / Segundo nombre Last name / Apellido</p> <p>Title / Cargo <u>Office Assistant III</u></p> <p>Company / Compañía <u>Department of the Family</u></p> <p>Identify the corporate servicer as the company if the authorized agent is a servicer. / Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.</p> <p>Address / Dirección <u>Urb. Caparra Heights 1471 Calle Ede n</u> Number / Número Street / Calle</p> <p><u>San Juan</u> <u>P.R.</u> <u>00920</u> City / Ciudad State / Estado ZIP Code / Código postal</p> <p>Contact phone / Teléfono de contacto <u>(787) 529-2853</u> Email / Correo electrónico <u>eduardo.infante@pr.gov</u></p>

FEDEX International Air Waybill
Express

1 From
Date: 5/25/18 Sender's FedEx Account Number: 8120 6424 4700 0402 Form ID No.
Sender's Name: Yerrin Rios Phone: 939-284-9183
Company: Prime Clerk LLC
Address: 300 Calle Recinto Sur
City: San Juan State: PR ZIP: 00907
Country: PR Postal Code: 00907
Email Address: 1845-02 (28)
Internal Billing Preference: 1845-02 (28)

2 To
Recipient's Name: PR
Company: PRIME CLERK
Address: 850 3RD AVE STE 432
City: BROOKLYN State: NY ZIP: 11238
Country: US Postal Code: 11238
Email Address: Recipient's Tax ID Number for Customs Purposes

3 Shipment Information
Total Weight: 10 LBS 10 OZ
Commodity Description: Legal Documents
Number of Packages: 1
Country of Manufacture: US
Value for Customs: \$625

4 Express Package Service
NOTE: Service order has changed. Please select carefully.
☐ FedEx Intl. First ☐ FedEx Intl. Priority ☒ FedEx Intl. Economy

5 Packaging
☐ FedEx Envelope ☐ FedEx Pak ☐ FedEx Box ☐ FedEx Tube
☐ FedEx 10kg Box ☐ FedEx 25kg Box ☐ Other

6 Special Handling and Delivery Signature Options
☐ RTO at FedEx location ☐ Signature Required
☐ Direct Signature ☐ Indirect Signature

7 Payment
Complete payment options for both transportation charges and duties and taxes.
All transportation charges are:
☐ Sender ☒ Recipient ☐ Third Party ☐ Cash ☐ Check/Check
Invoice No: 8095-8996-7
Invoice Date: 5/25/18
All duties and taxes are:
☐ Sender ☒ Recipient ☐ Third Party ☐ Cash ☐ Check/Check

8 Required Signature
Sender's Signature: Yerrin Rios
Recipient's Signature: [Signature]
Signature Date: 5/25/18
Signature Location: [Location]

9 Tracking Information
Tracking Number: 8120 6424 4700 0402
Tracking Status: [Status]

10 Customs Declaration
Country: US
Commodity: Legal Documents
Value: \$625
Weight: 10 LBS 10 OZ
Dimensions: [Dimensions]

Prime Clerk[®]
830 3RD AVE FL 9
NEW YORK NY 10022-6561

CDS 5,25,18

LEGAL NOTICE ENCLOSED, DIRECT TO ATTENTION OF ADDRESSEE OR PRESIDENT / GENERAL COUNSEL.

Case:17-03283-LTS Doc#:17109-2 Filed:06/18/21 Entered:06/18/21 19:14:51 Desc:
Exhibit A Page 57 of 58

Three Hundred and Forty-Seventh Omnibus Objection

Annex A: Claims to be reclassified

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			The Commonwealth of Puerto Rico	Secured	\$180,000.00*			
				Subtotal	\$360,000.00*			

Note: This claimant claimed administrative priority under Title II of the United States Code, section 503(b)(9), but the proof of claim does not correspond to assets sold; thus, the claimant does not have the right to such priority. The claimant also failed to provide evidence for a secured claim. Furthermore, they claimed a total sum of \$180,000.00. for this reason, the claim as a whole was reclassified as a general unsecured claim for \$180,000.00.

[^] Claim no. 27235 also included in Exhibit A to Omnibus Objection No. 351 for partially duplicated claims.

	NAME	Alleged				Corrected		
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			The Commonwealth of Puerto Rico	Secured	\$187,200.00			
			The Commonwealth of Puerto Rico	Not secured	\$187,200.00			
				Subtotal	\$561,600.00			

Note: This claimant claimed administrative priority under Title 11 of the United States Code, section 503(b)(9), but the proof of claim does not correspond to assets sold; thus, the claimant does not have the right to such priority. The claimant also failed to provide evidence for a secured claim. Furthermore, they claimed a total sum of \$187,200.00. for this reason, the claim as a whole was reclassified as a general unsecured claim for \$187,200.00.

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			The Commonwealth of Puerto Rico	Secured	\$93,600.00*			
				Subtotal	\$187,200.00*			

Note: This claimant claimed administrative priority under Title II of the United States Code, section 503(b)(9), but the proof of claim does not correspond to assets sold; thus, the claimant does not have the right to such priority. The claimant also failed to provide evidence for a secured claim. Furthermore, they claimed a total sum of \$93,600.00. for this reason, the claim as a whole was reclassified as a general unsecured claim for \$93,600.00.

^ Claim no. 15027 also included in Exhibit A to Omnibus Objection No. 351 for partially duplicated claims.

* indicates that the claim contains amounts pending payment or undetermined amounts





T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)
TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 27235 (2)**

Signed this 17th day of August 2021



Verify at www.atanet.org/verify

A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor'.

Andreea I. Boscor

